

AR-50-71; Rev. 76

OFFICE OF THE SECRETARY OF STATE DEPARTMENT OF ARCHIVES AND HISTORY

APPLICATION FOR RECORDS RETENTION SCHEDULE **RECORDS MANAGEMENT DIVISION** INSTRUCTIONS: See Publication No. 76—RM—1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334. Attention: Scheduling Section. FOR AGENCY USE FOR RECORDS MANAGEMENT USE 1. Agency Address Application Date Application Number Georgia Department of Human Resources 76-110 Division of Benefits Payments March 23, 1976 Food Stamp Unit - 618 Ponce de Leon, N.E. Application Number Date Received Date Completed Atlanta, Georgia 30306 APR 0 1 1978 MAR 26 1978 **DHR-47** 2. Person to Contact **Working Title** Telephone Number 894-4246 Ms. Betty Bondurant Secretary III 3. Action Requested Establish Retention Schedule; record will continue to accumulate. b. 

Dispose of present accumulation; no further accumulation anticipated. ☐ Amend Application No. Check One: Change; Supercede; Void 4. Detes of Series 5. Records Series Title (followed by title used in office: if different) Earliest Latest FOOD STAMP ADMINISTRATIVE FILES 1971 present. B. Division and Office Function What is the function of the Division and the Office in which this record series is created? The Division of Benefits Payments is responsible for supervising and regulating assistance programs which provide to indigents in the State food and monetary assistance and/or medical care. The Food Stamp Unit is responsible for the administration of the Food Stamp program within Included, but not limited to, are: the certification of applicant households; the acceptance, storage, and protection of coupons after their delivery to receiving points within the State; outreach to potentially eligible households; the issuance of food coupons to eligible households; and the control of and accountability for the food coupons. This file contains the following documents (include form numbers and titles, if any): 7. Record Series Description Attach samples of the file. Documents relating to: administering the Food Stamp program in the State of Georgia. correspondence from United States Department of Agriculture; documents pertaining to issuance of food stamps (shipping lists, food coupon status reports, master directory, transfer receipts); meetings, workshops, and training sessions; outreach reports; Food Stamp Plan of Operation (frequently amended); report of Food Stamp Program Participation (monthly); and regulations. File is arranged: alphabetically by subject. 8. Monthly Reference Rate How often are records referred to which are: One to six months old daily ; Seven to twelve months old daily; Thirteen to twenty-four months old daily twenty-five months and older <u>occasional</u> 9. Annual Rate of Accumulation of Records Letter-size drawers \_ **....; Løgal-size dra**wers \_ \_\_ ; Sheives \_\_ \_\_; Other (specify) .

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x		a. Is this the off		series?	. *	
	b. Does the series contain confidential information requiring security handling? If yes, cite law or regula					ion.
	×	c, is this a vital record?				
	х	d. Does this series have historical or long term research value?				
	x	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?  f. Is the information contained in this series ever published? If yes, attach copy.				
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,	a. Stat	te Law		years.	•	years.
		tute of limitation	3	years.		years,
I	c. Fed	leral law	·	years.	f. Federal retention instructions	years.
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See	att.	ached regulat	ion - Feder	al Register	page 11261 - needed for reference	
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<del>,</del> ,	- 11 -	n muli e sane	ភ្នំព្រះកកក ក្រ <u>ប</u>	erna bir had	្រុខស្វាធិប្រសាស្ត្រីស្ថិស្តិស្ត្រីស្ថិស្ត្រី ស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្រីស្ត្	Michael Trong
12.	Angra	ved Disposition Ins	tructions Th	nis agency recomm	ends that the file series be cut off at the end of each:	<u></u>
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Agency Head/Designee (Signature)			ature)	Date	Records Management Officer (Signature)	Date
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Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)		•	State Auditor/Designee		11.00 · m 1):	12 11 25
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